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SEP 26 2006

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29683 7590 07/20/2006

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Elaine F. Mian	(Depositor's name)
<i>Elaine F. Mian</i>	
(Signature)	
September 22, 2006	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/995,095	11/27/2001	Leroy Andrew Gibson JR.	907A.0018.USU	9599

TITLE OF INVENTION: METHOD AND DEVICE FOR FRAME SYNC DETECTION USING CHANNEL COMBINING AND CORRELATION

09/27/2006 CNGUYEN1 00000068 09995095

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAYMENT	TOTAL FEE(S) DUE	DUE DATE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/20/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
KIM, KEVIN	2611	375-150000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<u>Harrington & Smith, LLP</u> 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

L-3 Communications Corporation

New York, New York 10016

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

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A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **50-1924** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Walter J. Malinowski

Date **September 22, 2006**

Typed or printed name

Walter J. Malinowski

Registration No. **43,423**

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